

HIPAA 5010 Changes to the Integrated System

- *Client Information – Contact Tab*
- *Outpatient – Service, Claim and Other Payer*
- *Day Treatment – Service, Claim, and Other Payer*
- *Inpatient – Admission, Service, Claim and Other Payer*
- *Edit Messages – Outpatient, Day Treatment and Inpatient*

Client Information/Contact Tab

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KE abagues X

Client Information

Client: T

Options

- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification **Contacts** Financial Other Groups XRef Benefits

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: 1940 Example Street Address 2:

City: Mohave County: State: AR Zip: 91275 -- 2924

Phone: (h) (w)

Address Memo:

Cancel Continue

ZIP now allows for 9-digits

If the **ZIP Code** is **NOT** 5 digits or numeric the following edit message will be displayed.

Windows Internet Explorer X

! - Invalid Zip Code

OK

Outpatient Service

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Client: Test, Example Client V

Options RP: [dropdown] Txnmy: [checkbox] DOS: [dropdown]

Procedure Code: [dropdown]

Service [dropdown]

Time: [0] Hrs [] Minutes

Time: [0] Hrs [] Minutes

Patient Signature [checkbox] Not Available [checkbox] Provider Signature [checkbox] On File [checkbox]

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Participating Staff

Total Time for this Staff: [0] Hrs [] Minutes

Add >>

Total Time in Minutes: [0]

Claim Save Cancel

New field that allows user to indicate **IF** the **Patient Signature** was **Not available** when the service was provided.

Name	Hours	Minutes
1		

Outpatient Service Cont.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANT

Add Outpatient Service

Client: Test, Exa

Options

- Return
- Check Eligibility
- Claim

Required check box indicating that the **Provider Signature is on file**.

Telephone ☐ Col: ☐

Hrs Minutes

Minutes

Patient Signature ☐ Provider Signature ☐

Not Available ☐ On File ☐

Additional Participating Staff

Total Time for this Staff:

0 Hrs Minutes

Add >>

Total Time in Minutes: 0

Claim Save Cancel

Edit message will display if check box for **Provider Signature on file** is **NOT** checked.

Windows Internet Explorer

- Provider Signature On File is required.

OK

Outpatient Claim – DO only

Service Facility Address is required for Medicare & Medi-Medi claims when Place of Service (POS):

- POS = Home & Client = Homeless, or
- POS ≠ Home & POS ≠ Office.

If **Service Facility Address** is **NOT** entered the following edit message displays.

Windows Internet Explorer



Service Facility Address is required when Medicare is a payer, the service was performed at Home and the client is transient or homeless

OK

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Facility Address

Options

Client Benefits

Medicare :

Code: 0504140

Return

ServiceDate

02/11/2012

UnitType

MJ

Rate

3.31

Address 1: 1320 Example Street

Address 2:

City: Los Angeles

State: CA

Zip: 90022

If the 4 digit extension is unknown use '9998'

ZIP code must be 9-digits

Edit message if 9 digit ZIP **NOT** entered.

Windows Internet Explorer



- Full 9 digit Zip Code is required

OK

Outpatient Claim – Other Payer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH | Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Other Payer

Client: Test , Example

Options | Return

Payer: Other1 Insurance [07/01/2010] | Payer Responsibility: 1

Insurance Type Code: | Amount Paid: | Auth Code: |

Reason: |

Amount: |

Quantity: |

For every 'Other Insurance' payer on the claim the sequential order of responsibility must be entered.

If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Windows Internet Explorer

Other Insurance Responsibility order is invalid

OK

Outpatient Claim – Other Payer Cont.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Other Payer

Client: Test , Example

Options Payer: MEDICARE [07/01/2002] Payer Responsibility:

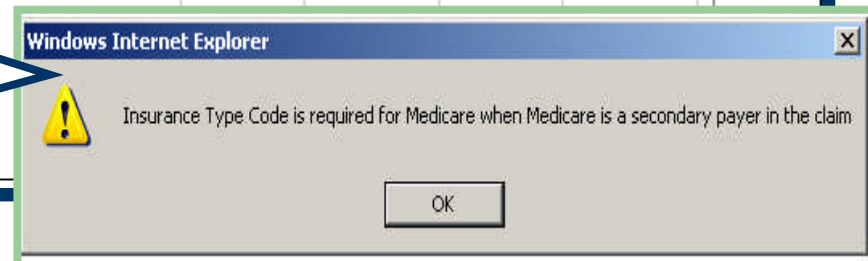
Return Insurance Type Code:

- 12-Medicare Secondary Working Aged Beneficiary or Spouse with
- 13-Medicare Secondary End-Stage Renal Disease Beneficiary in th
- 14-Medicare Secondary, No-fault Insurance including Auto is Prima
- 15-Medicare Secondary Worker's Compensation
- 16-Medicare Secondary Public Health Service (PHS) or Other Fede
- 41-Medicare Secondary Black Lung
- 42-Medicare Secondary Veteran's Administration
- 43-Medicare Secondary Disabled Beneficiary Under Age 65 with La
- 47-Medicare Secondary, Other Liability Insurance is Primary

Group	Reason	Amount	Quantity
-------	--------	--------	----------

Insurance Type Code is required on Claims when Other Insurance, Medicare and Medi-Cal are payers in the claim, making Medicare the secondary payer.

When Medicare is a secondary Payer; if **Insurance Type Code** is **NOT** indicated this edit message displays on the Claim screen.



Day Treatment Service

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1958-DOROTHY KIRBY C:1958D-DOROTHY K. jgarciabagues

Add Day Treatment Service

Client: Test, Example

Options

- Return
- Check Eligibility
- Claim

RP: Txnmy: ☐ DOS:

Procedure Code:

Place Of service:

Service Units: Col:

Patient Signature ☐ Provider Signature ☐ Telephone: ☐

Not Available ☐ On File ☐

Additional Participating Staff

Evidence Based Practice:

- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Name

Name
1

tal Units: 0

Add >>

Claim Save Cancel

New field that allows user to indicate if the **Patient Signature** was **NOT available** for the service.

Day Treatment Service Cont.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1958-DOROTHY KIRBY C:1958D-DOROTHY K. jgarciabagues

Add Day Treatment Service

Client: Test, Example

Code:

Service:

Patient Signature ☐ Provider Signature ☐

Not Available ☐ On File ☐

Additional Participating Staff

Total Units:

Name
1

Required check box indicating that the *Provider Signature* is on file.

Edit message will display if check box for *Provider Signature on file* is not checked.

Windows Internet Explorer

! - Provider Signature On File is required.

OK

Day Treatment – DO Only

Service Facility Address is required for Medicare & Medi-Medi claims when Place of Service (POS):

- POS = Home & Client = Homeless, or
- POS ≠ Home & POS ≠ Office.

If **Service Facility Address** is **NOT** entered the following edit message displays.

If the 4 digit extension is unknown use '9998'
Do **NOT** fill field with zeros.

ZIP code must be 9-digits

Edit message if 9-digit ZIP **NOT** entered.

Service Facility Address is required when Medicare is a payer, the service was performed at Home and the client is transient or homeless

- Full 9 digit Zip Code is required

The screenshot shows the 'Facility Address' form in the Los Angeles County Department of Mental Health system. The form includes fields for 'Address 1', 'City', 'State', and 'Zip'. A callout points to the 'Zip' field, stating that if the 4-digit extension is unknown, '9998' should be used, and that the ZIP code must be 9-digits. Another callout points to the 'Service Facility Address' field, stating it is required for Medicare and Medi-Medi claims when the Place of Service (POS) is Home and the client is Homeless, or when POS is not Home and not Office. A third callout points to the 'Edit message' button, stating that an edit message will display if a 9-digit ZIP is not entered. The error message window shows the text: 'Service Facility Address is required when Medicare is a payer, the service was performed at Home and the client is transient or homeless'. The second error message window shows the text: '- Full 9 digit Zip Code is required'.

Day Treatment – Other Payer

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1958-DOROTHY KIRBY C:1958D-DOROTHY KIRBY

Other Payer

Client: Test . Example

Options

Return

Payer: Other1 Insurance [07/01/2010] Payer Responsibility: 1

Insurance Type Code: [] Amount Paid: []

Auth Code: []

Reason: []

Amount: []

Quantity: []

Group	Reason	Amount	Quantity

For every 'Other Insurance' payer on the claim the sequential order of responsibility must be entered.

If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Windows Internet Explorer

Other Insurance Responsibility order is invalid

OK

Day Treatment – Other Payer

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

1958-DOROTHY KIRBY C:1958D-DOROTHY KIRBY

Other Payer

Client: Test , Example

Options Payer: MEDICARE [07/01/2002] Payer Responsibility:

Return Insurance Type Code:

Sub:

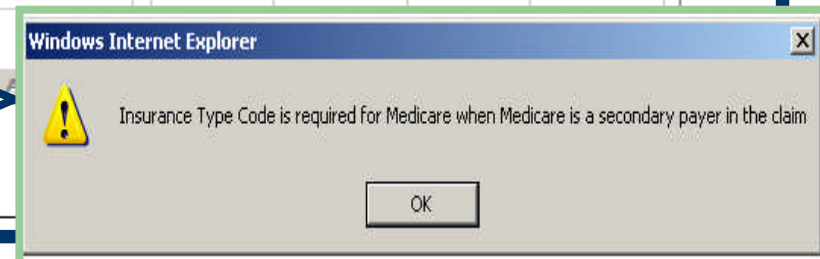
12-Medicare Secondary Working Aged Beneficiary or Spouse with
13-Medicare Secondary End-Stage Renal Disease Beneficiary in th
14-Medicare Secondary, No-fault Insurance including Auto is Prima
15-Medicare Secondary Worker's Compensation
16-Medicare Secondary Public Health Service (PHS) or Other Feder
41-Medicare Secondary Black Lung
42-Medicare Secondary Veteran's Administration
43-Medicare Secondary Disabled Beneficiary Under Age 65 with La
47-Medicare Secondary, Other Liability Insurance is Primary

Quantity:

Group	Reason	Amount	Quantity
-------	--------	--------	----------

Insurance Type Code is required on Claims when Other Insurance, Medicare and Medi-Cal are payers in the claim, making Medicare the secondary payer.

When Medicare is a secondary Payer; if **Insurance Type Code** is **NOT** indicated this edit message displays on the Claim screen.



Inpatient Admission

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Episode

Test , ExampleClientV

PDF Forms
Close Episode
View Episodes

Admit
Referral In C
Referral In Prov
Content Of Ser
y Problem Area

Ward: Children Unit Patient File #: 75478345

Point Of Origin:
Legal Status:
Treatment Authorization For Minor:
Phys Disabled?
Dual Diagnosis?
Primary Contact:

1-Non-Health Care Facility Point of Origin
2-Clinic or Physician's Office
4-Transfer from a Hospital
5-Transfer from a Skilled Nursing Facility (SNF) or Intermediate Ca
6-Transfer from another Health Care Facility
8-Court/Law Enforcement
9-Information not Available
D-Transfer from one district unit of the hospital to another district
E-Transfer from Ambulatory Surgery Center
F-Transfer from Hospice and is Under a Hospice plan of care or en

If **Point of Origin** for Admission is **NOT** selected for the episode this edit message displays.

Windows Internet Explorer

! - Point Of Origin is required.

OK

Inpatient Service

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test , ExampleClientV

RP: AGUILAR, DOLORES-[KCMH586] Txnmy: ☐

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011 End Date: 12/31/2011

Facility Type Code: 11-Hospital Inpatient (Including...)

Authorization: 11-Hospital Inpatient (Including...)

Type of Admission: 12-Hospital Inpatient (Medicare P...)

Patient Status Code: 18-Hospital - Swing Beds

Evidence Based Practice: 21-Skilled Nursing Inpatient (Incl...)

22-Skilled Nursing Inpatient (Med...)

28-Skilled Nursing - Swing Beds

41-Religious Non-Medical Health

65-Intermediate Care - Level I

66-Intermediate Care - Level II

86-Residential Facility

89-Special Facility - Other

Field was "Place of Service", now it's the **Facility Type Code**.

Edit message will display if you do **NOT** select a **Facility Type Code**.

Windows Internet Explorer

- Facility Type Code is required

OK

Inpatient Service Cont.

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test , ExampleClientV

Options

RP: AGUILAR, DOLORES-[KCMH586] Txnmy: [icon]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission: 1-Emergency

Patient Status Code:

Evidence Based Practice:

01-Discharge to Home or Self Ca
02-Discharged/Transferred to Ge
04-Discharged/transferred to inte
07-Left Against Medical Advice or
20-Expired
21-Discharged/transferred to Co
30-Still Patient
43-Discharged/transferred to a F
50-Hospice - Home
51-Hospice - Medical Facility (Ce
65-Discharged/transferred to a P
70-Discharged/transferred to and

Edit message will display if you do **NOT** select a **Type of Admission**.

Windows Internet Explorer

! - Type Of Admission is required

OK

Confidential patient information, see California Welfare and Institution Code section 5328.

Type of Admission was the *Necessity* field on the Admission screen, HIPAA 5010 requires this field on every Inpatient service.

Inpatient Service Cont.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD jgarciabagues

Inpatient Service

Client: Test , ExampleClientV

Options

RP: AGUILAR, DOLORES-[KCMH586] Txnmy: [icon]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission: 1-Emergency

Patient Status Code:

Evidence Based Practice:

01-Discharge to Home or Self Ca
02-Discharged/Transferred to Ge
04-Discharged/transferred to inte
07-Left Against Medical Advice or
20-Expired
21-Discharged/transferred to Co
30-Still Patient
43-Discharged/transferred to a F
50-Hospice - Home
51-Hospice - Medical Facility (Ce
65-Discharged/transferred to a P
70-Discharged/transferred to and

Provide Signature On
File ☐

Windows Internet Explorer

- Patient Status Code is required

OK

Confidential patient information, see California Welfare and Institution Code section 5328.

Patient Status Code is required on every Inpatient service.

Edit message displays if you do **NOT** select a **Patient Status Code**.

Inpatient Service Cont.

Los Angeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD iaarciabaques

Inpatient Service

Client: Test ,

Options

Return

Check Eligibility

Claim

RP: AGUILAR, DOLORES-[KCMH586]

Procedure Code: 0100-Psych Hosp, 21 or under

Start Date: 12/1/2011

End Date: 2/31/2011

Facility Type Code: 11-Hospital Inpatient (Includi

Authorization:

Type of Admission: 1-Emergency

Patient Status Code: 30-Still Patient

Evidence Based Practice: 00-No EBP/SS

01-EBP ACT

10-EBP MST

11-EBP

2A-Brf S

2B-CPP

Required check box indicating that the **Provider Signature** is on file.

Provider Signature On File ☒

Edit message will display if check box for **Provider Signature on file** is **NOT** checked.

Save Cancel

Windows Internet Explorer

- Provider Signature On File is required.

OK

Inpatient Claim – Other Payer

Los Angeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home Clinical Administrative Plan CIOB

7080-KEDREN CMH:7080I-KEDREN CMHC-AD

Other Payer

Client: Test , Example

Options

Return

Payer: Other1 Insurance [07/01/2010]

SubscriberID:

Payer Responsibility:

Amount Paid:

Auth Code:

Reason:

Amount:

For every 'Other Insurance' payer on the claim the sequential order of responsibility must be entered.

If the responsibility order for each Other Insurance payer specified in the claim is **NOT** in sequence, or is duplicated, this edit message displays.

Windows Internet Explorer

Other Insurance Responsibility order is invalid

OK

Edit Messages

For Outpatient, Day Treatment and Inpatient Claims

- *If Other Insurance is a payer and Payer Responsibility is not entered or is not an integer value between 1 and 5, the following edit message is displayed:*



Edit Messages Cont.

For Outpatient, Day Treatment and Inpatient Claims

- *If Other Insurance is the payer and Payer Responsibility value has been used by another Other Insurance payer for the claim the following edit message is displayed:*



Edit Messages Cont.

For Outpatient, Day Treatment and Inpatient Claims

- *If Payment Date is not entered on Payer screen when Detail Adjustment is added the following message is displayed:*



Edit Messages Cont.

For Outpatient, Day Treatment and Inpatient Claims

- *If a duplicate Adjustment Group code and Reason combination are entered the following edit message is displayed:*



Edit Message Cont.

Applies only to Inpatient Service

- *If the facility type code is not valid for the procedure code the following message is displayed.*



IS Shut Down

- *For EDI Providers – Tuesday, March 13, 2012 at 11:59 p.m.*
- *For Direct Data Entry – Friday, March 16, 2012 at 5:00 p.m.*
- *IS will be up Monday, April 2, 2012*